



Application for a Certified Missouri Incubator Designation

Small Business Incubator Tax Credit Program, Section 620.495, RSMo

To become a certified Missouri Incubator, a local sponsor must complete this application and meet other requirements, and send to the department for review. For more information, please refer to the policy guidelines of the Small Business Incubator Program.

1. LOCAL SPONSOR	Name		Federal Tax I.D. No.
	Address (Street, P.O. Box)		MTS/Missouri Tax I.D. No.
	City	State	Zip Code
	Telephone No. () - -	Facsimile No. () - -	
	Type of local sponsor: <input type="checkbox"/> College <input type="checkbox"/> Community College <input type="checkbox"/> Vocational School <input type="checkbox"/> University <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Special Tax District <input type="checkbox"/> Regional Planning Commission <input type="checkbox"/> Not-for-profit Corporation <input type="checkbox"/> Other		
2. CONTACT PERSON	First Name		Middle Name
			Last Name
	Address (Street, P.O. Box)		
	City	State	Zip Code
3. INCUBATOR	Telephone No. () - -		Facsimile No. () - -
			E-mail Address
	Name		
	Address (Street, P.O. Box)		
	City	State	Zip Code
	Current Owner of the Building		Zoning Designation of Incubator Site
3. INCUBATOR	Size of the Building (sq. feet)		Size of Rentable Unit (sq. feet)
	Number of Units		Total Project Cost \$ _____

4. FOCUS	Note: Explain in the Project Narrative the rationale for the chosen focus of incubator companies. <input type="checkbox"/> Product Manufacturing <input type="checkbox"/> Product Development <input type="checkbox"/> Research and Development <input type="checkbox"/> Business Development Services <input type="checkbox"/> Other			
5. TYPE	Note: Explain in the Project Narrative the rationale for the chosen type of incubator project. <input type="checkbox"/> Acquisition of Land <input type="checkbox"/> Leasing of Land <input type="checkbox"/> Acquisition of Existing Building <input type="checkbox"/> Leasing of Existing Building <input type="checkbox"/> Rehabilitation of Buildings or Other Facilities <input type="checkbox"/> Construction of New Facilities <input type="checkbox"/> Purchase of Necessary Equipment and Furnishings			
6. PROJECT COST ESTIMATES	Note: If the project involves acquisition and rehabilitation of a facility in which only a portion of the space will be used as the small business incubator, eligible costs will be calculated either on a square footage basis or a valuation basis, whichever is most appropriate.			
	6.1. Acquisition	Note: Explain in the Project Narrative how the building chosen is suited to the purposes of the incubator project.		
		Type	Cost	Asset Life (Years)
		Land	\$	
		Building	\$	
		Total	\$	
	6.2. Leasing	Type	Cost	Asset Life (Years)
		Land	\$	
		Building	\$	
		Total	\$	
	6.3. Rehabilitation of Buildings or Other Facilities	Type		Cost
		Electrical		\$
		Fire Protection System		\$
		Heating/Ventilating/Air Conditioning		\$
		Insulation		\$
		Lathing, Plastering, Painting		\$
		Plumbing		\$
		Roof		\$
		Sewer/Septic System		\$
		Water		\$
		Other (explain in the Project Narrative)		\$
Total		\$		
6.4. Construction	Type	Cost	Asset Life (Years)	
	Building	\$		
	Other facilities (explain in the Project Narrative)	\$		
	Total	\$		

6. PROJECT COST ESTIMATES	6.5. Related Costs	Note: The costs below are NOT eligible costs. However, this is required to process the application.				
		Type			Cost	
		Appraisal Fees			\$	
		Architectural Design/Inspections			\$	
		Contingencies (10% Maximum)			\$	
		Engineering Design			\$	
		General Insurance			\$	
		Legal Fees (not related to closing costs)			\$	
		Title Insurance			\$	
		Working Capital			\$	
		Other (explain in the Project Narrative)			\$	
		Total			\$	
	6.6. Equipment	Note: Attach additional sheets if necessary.				
		Item	Quantity	Unit Price	Item Total	Asset Life (Years)
				\$		
				\$		
				\$		
				\$		
				\$		
		Total		\$		
	6.7. Furnishings	Note: Attach additional sheets if necessary.				
		Item	Quantity	Unit Price	Item Total	Asset Life (Years)
				\$		
				\$		
				\$		
				\$		
				\$		
		Total		\$		
	6.8. Summary of Costs	Type			Cost	
		Acquisition			\$	
		Lease			\$	
		Rehabilitation of Buildings and Other Facilities			\$	
		Construction of New Facilities			\$	
Equipment			\$			
Furnishings			\$			
Total			\$			
Related Costs			\$			
Grand Total			\$			

6. PROJECT COST	6.9. Basis for Cost	Note: Attach copies		
		Bids	\$	
		Engineering/Architectural Estimates	\$	
		Contractor Estimates	\$	
		Other (explain in the Project Narrative)	\$	
7. FINANCING	Note: Explain in the Project Narrative the sources of the project financing. Additionally, complete the "Method of Financing Worksheet" for the commercial part of financing that excludes the use of tax credits, donations, and grants.			
	Small Business Incubator Contributions	\$		
	Federal	\$		
	Local	\$		
	Private	\$		
	Other	\$		
	Total	\$		
8. CERTIFICATION	<ul style="list-style-type: none"> I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein. I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien. I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding. I attest that I have read and understand the Small Business Incubator Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099). I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program. I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief. 			
9. SIGNATURE	Must be signed in the presence of a notary	Local Sponsor's signature ▶		Date ▶ / /
	Notary Embosser Seal	State	County	My commission expires / /
		On this ____ day of ____, 200 ____, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.		
		Notary public signature		Notary Rubber Stamp
Return to: Department of Economic Development, Division of Business Development and Trade, Business Finance, 301 West High Street, Room 720, P.O. Box 118, Jefferson City, MO 65102				

METHOD OF FINANCING WORKSHEET

USE OF FUNDS		SOURCES OF FUNDS				
USE	AMOUNT	LENDERS	TERM	RATE	COLLATERAL	DEBT SERVICE
Acquisition of land & existing buildings						
Leasing of land & existing buildings						
Rehabilitation of buildings & other						
Construction of new facilities						
Purchase of equipment & furnishings						
TOTAL	\$		TOTAL SOURCES		\$	\$